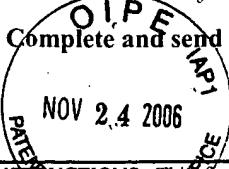


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated and corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000110 7590 10/19/2006
DANN, DORFMAN, HERRELL & SKILLMAN
1601 MARKET STREET
SUITE 2400
PHILADELPHIA, PA 19103-2307
11/27/2006 WASFAM2 00000067 10721553

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:1001 10.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/721,553 11/25/2003 Surinder K. Batra UNMC.63121.1 6633

TITLE OF INVENTION: ANTIBODIES IMMUNOLOGICALLY SPECIFIC FOR PD2, A PROTEIN THAT IS AMPLIFIED AND OVEREXPRESSED IN PANCREATIC CANCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$0	\$1000	01/19/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GODDARD, LAURA B	1642	435-196000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DANN DORFMAN HERRELL AND SKILLMAN

1 _____
2 Kathleen D. Rigaut, Ph.D., J.D.
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Board of Regents of the University
of Nebraska

Lincoln, Nebraska

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date November 22, 2006

Typed or printed name Kathleen D. Rigaut, Ph.D., J.D.

Registration No. 43,047

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PHONE (215) 563-4100 • FAX (215) 563-4044

November 22, 2006

First Named Inventor: **MAIL STOP ISSUE FEE**
Surinder K. BATRA

Application No. 10/721,553 **Allowed:** October 19, 2006

Attorney Docket No. UNMC.63121.1

Filed: November 25, 2003

For: ANTIBODIES
IMMUNOLOGICALLY SPECIFIC
FOR PD2, AN PROTEIN THAT IS
AMPLIFIED AND
OVEREXPRESSED IN
PANCREATIC CANCER

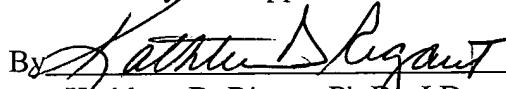
TO THE COMMISSIONER FOR PATENTS:

SUBMISSION OF ISSUE FEE

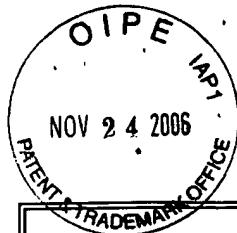
The above-identified application has been allowed. In response to the Notice of Allowability dated October 19, 2006, enclosed are the following:

1. A copy of form PTOL-85B with authorization to charge Deposit Account No. 04-1406.
2. Notification of Fee Address
2. Check in the amount of \$1,030.00, which includes the issue fee, the publication fee and the cost of ten (10) advance copies.

Respectfully submitted,
DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation
Attorneys for Applicants

By 
Kathleen D. Rigaut, Ph.D., J.D.
PTO Registration No. 43,047

Email: KRigaut@ddhs.com



Fee Transmittal

FEE TRANSMITTAL	<i>Complete if known</i>	
	Application Number: 110/721,553	
	Filing Date: November 25, 2003	
	First Named Inventor: Surinder K. BATRA	
	Group Art Unit: 1642	
	Examiner Name: Laura B. Goddard	
Total Amt. of Payment: (1)+(2)+(3)=	\$1,030	
Attorney Docket Number: UNMC.63121.1		

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																						
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath Surcharge - late provisional filing fee or cover sheet Extension for response within first month Extension for response within second month Extension for response within third month Extension for response within fourth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application Issue fee 700 Petitions to the Commissioner Petitions related to provisional applications Submission of Information Disclosure Stmt. Recording each patent assignment per property Other fee (specify) <u>Advance Order (10 copies)</u> 30 Other fee (specify) Publication Fee <u>Publication Fee</u> 300 SUBTOTAL (1) <u>\$0</u> SUBTOTAL (3) <u>\$1,030</u>																						
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee Design filing fee Plant filing fee Reissue filing fee Provisional filing fee																								
SUBTOTAL (1) <u>\$0</u>																								
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: right; width: 15%;">Paid</th> <th style="text-align: right; width: 15%;">Extra</th> <th style="text-align: right; width: 15%;">Fee</th> <th style="text-align: right; width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Total Claims</td> <td></td> <td style="text-align: right;">= 0</td> <td></td> </tr> <tr> <td style="text-align: right;">Independent Claims</td> <td style="text-align: right;">x</td> <td style="text-align: right;">= 0</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent (First presentation)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td></td> </tr> </tbody> </table>		Paid	Extra	Fee		Total Claims		= 0		Independent Claims	x	= 0		Multiple Dependent (First presentation)				SUBTOTAL (2)						
Paid	Extra	Fee																						
Total Claims		= 0																						
Independent Claims	x	= 0																						
Multiple Dependent (First presentation)																								
SUBTOTAL (2)																								

Submitted By:

Typed or

Printed Name Kathleen D. Rigaut, Ph.D., J.D.

Reg. Number 43,047

Deposit Account User ID

Nature | 522 | 666

Count User ID